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Chart Details

Dominant Patient

Demographics

Go to E-Prescribe

Anaphylactic Reaction Reported
☐

Patient Information

Insurance Information

\*Name (F,M,L,Suffix)
Ernesto
Dominguez

☐ Homeless
☐ Bad Address
☐ Sample

Address
212 S Copper ST

Addr 2 / Appt #

City, State, Zip
Deming
NM
88030

Best Phone

Home Phone

Cell Phone

Work Phone

Country
US

ext

Email

Email 2

Portal
☐

Patient Status

☒ Active
☐ Inactive
☐ Pending

API
☐

Appt Reminders via:
☐ Email
☐ Text Message
☐ Phone Message

Employment Status

School or Employer

Grade

Marital Status

Sexual Orientation

\*Ethnicity
Hispanic or Latino

Ethnicity 2

Religion

Annual Household Income

Family Size

Veteran
☐ Y
☐ N

\*Race
White

Race 2

\*Preferred Language

Disability

Native American
☐ Y
☐ N

Birth Order

Multiple Birth
☐

Other Names

Previous Address

\*Date of Birth
11/12/1997

Unique Patient ID
1000010717476

\*Gender
boy

Refer to patient as
Mr. Dominguez

SSN #
648-14-0091

Alt. Patient ID

Patient's Condition

Date Of Current Illness Onset

Date of Current Admission: From

Dates Unable To Work: From

Condition Related To Employment?
☐

Condition Related To Auto Accident?
☐

Condition Related To Other Accident?
☐

In treatment Previously?
☐ Y
☐ N

If yes, whe

Date Of Death

Preliminary Car

Assigned Providers

Daniella Ramirez, CPSW
Role
X
Principal

< Select a Clinician >

< Multiple Clinicians >

Assign Provider(s)

Where Seen

Prime
Deming

Add New Location

Med Rec

Red fields are required
Blue fields are optional but add info to clinical note.

\* = Required for Meaningful Use
= Patient Has Accessed Portal

Show

Fields used by elec